MAINE CHILD

Strengths

9th best ranking in

overall child well-being in the U.S. in 2019; **16th best in child** health in 2017 (down from 11th in 2016).

91% of Maine children received a **preventive medical visit** in the past year. (U.S.=82%)

85% of children (age 1-17

yrs) received a **preventive dental visit** in the past year. (U.S.=80%)

77% of Maine parents **read to their children** at least four days a week; highest in the

U.S.(U.S. = 58%)

96% of Maine children live in a **family headed by at least a high school graduate**; highest in the U.S. (U.S.=87%)



Challenges

1 in 5 (22.5%) children have had two or more **adverse childhood experiences.** (U.S. = 20.5)

1 in 5 live in households

that are **food insecure** (There is the uncertainty of having or inability to acquire enough food because of insufficient money or resources).

1 in 8 children live in poverty.

30% of children (10-17 yrs)

are **overweight or obese.** (U.S.=31%)

3 in 10 children aged

19-35 months are **not fully** vaccinated.

4% do not have **health insurance.** (U.S.=5%)

2 in 3 children age 9-35 months have **not received a developmental screening.**

MAINE CHILD HEALTH

	Indicator	Maine Period 1	Maine Period 2	+/-	US	ME vs US
Access to Care	Child has usual primary care provider	NA	2016-17 80.5%	NA	2016-17 72.7%	*
	Children unable to obtain needed care (age 0-17)	NA	2016-17 4.6%	NA	2016-17 3.0%	0
	MaineCare enrollment (ages 0-19)	2014 42.2%	2016 40.0%	NA	NA	NA
	Preventive medical visit in past year (age 0-5)	NA	2016-17 95.6%	NA	2016-17 88.7%	*
	Preventive medical visit in past year (age 6-11)	NA	2016-17 86.7%	NA	2016-17 79.6%	*
Family wellness	Children with excellent health	NA	2016-17 91.9%	NA	2016-17 89.8%	0
	Children living in poverty	2014 19.1%	2017 12.9%	\star	2017 18.4%	*
	Children in single-parent households	2014 35.0%	2017 32.0%	NA	2017 34.0%	NA
	Childhood food insecurity rate	2015 21.4%	2017 18.5%	NA	2017 17.0%	NA
	Children with two or more adverse childhood experiences	NA	2016-17 22.5%	NA	2016-17 20.5%	0
Environmental health	Lead screening among children (age 12-23 months)	2014 51.2%	2016 53.0%	0	NA	NA
	Lead screening among children (age 14-35 months)	2014 29.4%	2016 31.1%	0	NA	NA
Envireh	Children with confirmed elevated blood lead levels (among those screened)	2014 2.0%	2016 2.5%	0	NA	NA
Immunization	Immunization of 19-35 month olds	2016 71.8%	2018 72.7%	NA	2018 70.4%	NA
	Immunization exemptions among kindergarteners for philosophical reasons	2013 3.7%	2017 4.6%	NA	NA	NA
	Influenza vaccination in the past year (children)	2014 61.0%	2017 61.6%	NA	2017 59.0%	NA
	Pertussis (new cases per 100,000 population)	2016	2018	NA	2018	
		41.9 2014	19.5 2015	NA	5.6	• NA
Injury	Non-fatal injury hospitalizations (age 0-9; rate per 100,000)	122.6 2014	82.4 2015		NA	
	Non-fatal injury hospitalizations (age 10-19; rate per 100,000)	182.2 2014	132.4 2017	NA	NA 2017	NA
	Non-fatal child maltreatment (rate per 1,000 population)	14.7	13.8 2016-17	NA	9.1 2016-17	NA
Physical activity & Oral nutrition health	Children with decayed teeth or cavities (age 1-17)	NA	11.1% 2016-17	NA	11.7% 2016-17	0
	Preventive dental visits (age 1-17) Fewer than two hours combined screen time (among middle school	NA 2015	84.6% 2017	NA	79.5%	*
	students)	29.9%	29.3%	0	NA	NA
	Soda/sports drink consumption (1+ per day; among middle school students)	2015 20.2%	2017 17.3%	*	NA	NA
	Obesity (among middle school students)	2015 14.3%	2017 15.3%	0	NA	NA
	Overweight (among middle school students)	2015 17.2%	2017 17.0%	0	NA	NA
Respiratory health	Asthma emergency department visits (age 0 – 17; age adjusted rate per 10,000 population)	NA	2016 13.9	NA	NA	NA
	Current asthma (age 0-17)	2014 9.6%	2016 7.4%	0	2016 8.5%	NA
	Lives with someone who smokes	NA	2016-17 16.7%	NA	2016-17 15.5%	0
Mortality	Child mortality (age 1-9; rate per 100,000)	2014 11.4	2017 18.3	0	2017 17.2	0
	Leading causes of child death (age 1-9):					
	1. Unintentional injury (rate per 100,000)	1999-2007 7.0	2008-17 4.6	0	2008-17 5.8	0
	2. Malignant Neoplasms (cancer; rate per 100,000)	1999-2007 2.7	2008-17 2.1	0	2008-17 2.2	0
	3. Congenital malformations, deformations and chromosomal abnormalities (rate per 100,000)	1999-2007 1.9	2008-17 1.8	0	2008-17 1.8	0
	abnormalities (rate per 100,000) *: Maine is significantly better than U.S./Trend is improving. L: Maine is significantly were than U.S./Trend is wereoping	1.9	1.8		1.8	

Maine is significantly better than U.S./Trend is improving.
 Maine is significantly worse than U.S./Trend is worsening.

O : No significant difference/no clear trend

NA: Not available.

Oral

MAINE CHILD HEALTH

Data Sources

	Data Sources
Indicator	Definition and Data Source
Overall child well-being ranking	Based on composite index from four domains: economic well-being, education, health and family. 2019 Kids Count Data Book. https://www.aecf.org/m/resourcedoc/aecf-2019kidscountdatabook-2019.pdf
Children whose head of household has at least a high school diploma	Percentage of children under age 18 whose head of household has at least a high school diploma. 2019 Kids Count Data Book. https://www.aecf.org/m/resourcedoc/aecf-2019kidscountdatabook-2019.pdf
Child has usual primary care provider	Children age 0-17 who have a personal doctor or nurse; National Survey of Children's Health (NSCH).
Adverse childhood experiences	Percentage of parents who report that their child has experienced at least two of nine adverse childhood experiences; NSCH.
Food insecurity	Food insecurity is lack of access to enough food or limited or uncertain availability of nutritionally adequate food; <i>Feeding America</i> . <u>https://map.feedingamerica.org/county/2017/child</u>
Childhood poverty	Percentage of children living at 100% or less of the federal poverty level. American Community Survey.
Children unable to obtain needed care (age o- 17)	Percentage of children age 0-17 who were not able to receive needed health care in the past year; NSCH.
Children without health insurance	Percentage of children age 0-18 who did not have health insurance. American Community Survey, retrieved from Kaiser Family Foundation's State Health Facts.
MaineCare enrollment (ages 0-19)	Percent of children age 0-19 who were participating in MaineCare as of April 2015; Office of MaineCare Services.
Preventive medical visit in past year (age 0-5)	Percentage of children age 0-5 who had one or more preventive medical visits in the past 12 months; NSCH.
Preventive medical visit in past year (age 6-11)	the past 12 months; NSCH.
Developmental screening	Percent of parents of children age 9-35 months who reported that they had not received a developmental screening using a parent-completed screening tool within the past 12 months; ; NSCH.
Lead screening among children (age 12-23 months)	Percentage of children, ages 12-23 months, who have had their blood tested for elevated blood levels; Maine CDC Childhood Lead Poisoning Prevention Unit.
Lead screening among children (age 24-35 months)	Percentage of children, ages 24-35 months, who have had their blood tested for elevated blood levels; Maine CDC Childhood Lead Poisoning Prevention Unit.
Children with confirmed elevated blood lead levels (among those screened)	Percentage of children, ages 0-36 months, among those screened, who had a confirmed blood lead level above 5 micrograms per deciliter; <i>Maine</i> CDC Childhood Lead Poisoning Prevention Unit.
Immunization of 19-35 month olds	Percentage of children aged 19 to 35 months who received recommended doses of diphtheria, tetanus and acellular pertussis (DTaP); measles, mumps and rubella (MMR); polio; Haemophilus influenzae type b (Hib); hepatitis B; varicella; and pneumococcal conjugate vaccination; <i>National Immunization Survey</i> .
Immunization exemptions among kindergarteners for philosophical reasons	Percentage of kindergarteners who were exempted from school immunization requirements due to philosophical reasons; <i>Maine Immunization Program</i> .
Influenza vaccination in the past year (children)	Percentage of children, ages 6 months to 17 years, who received an immunization for influenza during the school year; National Immunization Survey.
Pertussis (new cases per 100,000 population)	Number of new cases of pertussis per 100,000 people; CDC, National Notifiable Infectious Diseases Surveillance System, Annual Tables of Infectious Disease Data.
Non-fatal injury hospitalizations (age 0-9; rate per 100,000)	Rate of hospitalization for non-fatal injury per 100,000 children, ages 0 through 9; State Inpatient Database (SID), Population estimates come from the U.S. Census Bureau.
Non-fatal injury hospitalizations (age 10-19; rate per 100,000)	Rate of hospitalization for non-fatal injury per 100,000 adolescents, ages 10 through 19; State Inpatient Database (SID), Population estimates come from the U.S. Census Bureau.
Nonfatal child maltreatment (rate per 1,000 population)	Rate per 1,000 children, under age 18, of child maltreatment that is a threat to a child's health or welfare; U.S. Department of Health & Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau. (2019). Child Maltreatment 2017. Available from https://www.acf.hhs.gov/cb/research-data-technology/statistics-research/child-maltreatment.
Decayed teeth (age 1-17)	Percent of children age 1-17 who had decayed teeth or cavities in the past 12 months; NSCH.
Preventive dental visits (age 1-17)	Percent of children age 1-17 who had one or more preventive dental care visits during the past 12 months; NSCH.
Children with excellent health	Percent of children whose health was described as being excellent or very good; NSCH.

MAINE CHILD HEALTH

Data Sources

Definition and Data Source
ercentage of seventh- and eighth-grade students watching two or fewer hours of ombined screen time (including television, video games, and computers) per day n an average school day; Maine Integrated Youth Health Survey (MIYHS).
ercentage of seventh- and eighth-grade students who drank at least one can, ottle, or glass of sugar-sweetened beverage per day during the past week; MIYHS.
ercentage of seventh- and eighth-grade students who were overweight (at or bove the 95 th percentile for body mass index, by age and sex); <i>MIYHS.</i>
ercentage of seventh- and eighth-grade students who were overweight (at or bove the 85 th percentile but below the 95 th percentile for body mass index, by age nd sex); MIYHS.
MI at or above the 85th percentile of the CDC growth charts for age and gender; hild and Adolescent Health Measurement Initiative. Data Resource Center for Child nd Adolescent Health. 2017 National Survey of Children's Health (NSCH) data query. etrieved April 23, 2019 from //www.childhealthdata.org.
mergency department visits for asthma (principal diagnosis of ICD-9-CM 493) per 0,000 population among those age 0-17, age-adjusted to the U.S. 2000 Standard opulation; Maine Health Data Organization's Inpatient & Outpatient Data.
ercentage of children age 0-17 whose parents have been told by a healthcare rovider that they had asthma and that they still have asthma; Maine Behavioral Risk actor Surveillance System.
Percent of children under age 18 who live with their own single parent either in a amily or subfamily; Annie E. Casey Foundation. Kids Count Data Center. Accessed rom: <u>https://datacenter.kidscount.org/</u> .
ercent of children who live in households where someone smokes; NSCH.
hild Mortality rate, ages 1 through 9, per 100,000; National Vital Statistics System NVSS), Population estimates come from the U.S. Census Bureau.
he top three causes of death among children age 1-9; CDC WONDER.
hildren under age 6 whose family members read to them 4 or more days per veek; Annie E. Casey Foundation. Kids Count Data Center. Accessed from: <u>ttps://datacenter.kidscount.org/</u> .